

CERTIFICATE OF RELEASE

(Bring this form to the physical performance test with you.
The form must be notarized)

Desiring to become a police officer with the Naugatuck Police Department, I declare and represent that I am in good health, that I have read the P.O.S.T. Physical Performance Test to which I am about to take, and that I understand the nature of these tests.

In consideration of being given permission to take the Physical Performance Tests, I ASSUME THE RISK of any loss, damage, costs, expense, loss of earning, personal injury and death, consequential damage and property damage arising out of, or related to any accident, illness or disability (hereafter referred to as "event"), which results from or occurs in connection with my participating in these Physical Performance Test. I assume all such risks whether such events occur in, on or about the place where the tests are given; whether the effects of such event are felt during the tests or afterwards, so long as they are medically related to the tests and to my presence in, on or about the place where the test are given; and whether such event results from or arise the condition maintenance, repair, alteration or use of that place or of any equipment of fixtures contained in, on, or about the place.

I also agree to release the Naugatuck Police Department to which I am applying for the position of police office, and our testing agent (whether the Borough of Naugatuck Employees or Vendor(s)) of all liability, claims, demands, actions and causes of action whatsoever arising out of, or related to any loss, damage or injury, including death, that may result, directly or indirectly from my participation in said tests and my presence for the purpose in, on, or about the place where the tests are given.

This release is binding upon my heirs, assigns, next of kin, executors and administrators.

I HAVE READ THE RELEASE IN FULL. I UNDERSTAND THAT, BY SIGNING IT, I AM WAIVING AND RELEASING MY RIGHTS WHICH I COULD EXERCISE BUT FOR MY SIGNING OF THIS RELEASE.

Print Name of Candidate

Signature of Candidate

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 2009.

Print Name of Notary Public

Signature of Notary Public

Expiration Date of Notary Public

DO NOT submit this form along with your application.

This form is submitted at the time of the Physical Performance Test. It must be notarized.